Briefing: Working for Inclusion – making social inclusion a reality for people with mental health problems

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The Citizenship and Community Programme

Working for Inclusion is one of a range of products from the Citizenship and Community Programme at the Sainsbury Centre. The aim of the programme is to develop strategy, management and practice so that service users have equal opportunities to engage in every aspect of life in the community. Other elements of the programme include:

- regional collaborative network meetings, where people interested in developing inclusive approaches can share their experience
- an exploration of the value of some relatively new concepts and approaches for mental health services – citizenship, social capital, time banks and citizens' juries
- work with the Learning and Skills Councils and other agencies in order to improve access to further education and employment
- development of specific indicators to support mental health organisations and primary care organisations in designing and delivering inclusive services
- dissemination of findings from the MIND Creating Accepting Communities pilot sites.

The audience

Working for Inclusion offers a range of resources to assist service users, direct care staff, managers and policy makers in mental health and other agencies. Some of the papers contained in the resource book offer an analysis of the social and political context, provide definitions and link themes with wider policy issues. Other papers describe local projects. Most sections conclude with questions

to help the reader reflect on what is happening locally and make practical plans for progress.

The context

Mental health might be described as a battleground where the forces of exclusion (compulsory detention, media misrepresentation and a preoccupation with community safety) compete with the forces of inclusion (anti-discrimination laws, European funding streams and a broad-based political will to promote inclusion). At present, people who use mental health services are likely to be poor, unemployed, living in substandard housing and socially isolated. Many mental health services are designed as 'benevolent ghettos' – workers and advocates labour to improve the quality of life within the mental health world. *Working for Inclusion* explores the potential for mental health services to re-focus their practice on to supporting people in their workplace, their home and among their friends and leisure activities.

Defining inclusion
One framework for thinking about inclusion is to use the following three-part framework.

- Inclusion as access. Is your mental health service reaching the whole community, or are specific groups excluded, such as people from certain ethnic minorities or people with learning disabilities? Do service users have full access to information and decision-making? Do users have access to jobs in the agency?
- Inclusion as standard of living. The Government's Social Exclusion Unit pins this down as a good standard of health and opportunities to develop skills, earn a wage and live in safety. Do service users have their primary health care needs met? Disabled people are twice as likely to be unemployed and half as likely to be a student as non-disabled people (Labour Force Survey, Spring 2001) – so what action are you taking to reduce this level of exclusion? Do people with mental health problems get to live in the safe areas of town?
- Inclusion as relationships. Inclusive services will strive for opportunities to enrich society by bringing diverse people together under conditions of equality and mutual respect. Within this framework, individualised supported living replaces congregated staffed houses, real jobs and ordinary college classes replace segregated day centres and 'special' classes, and friendship with a diverse community of citizens (some of whom may have mental health problems) replaces comprehensive dependence on mental health staff and survivors.

Forces for inclusion
There are a number of policy and practice streams that combine to promote social inclusion. These include:
- the policy direction of the European Union and UK legislative framework including the *Disability Discrimination Act* and the *Human Rights Act*, in combination with Department of Health policy guidance
- the National Service Framework for Mental Health, and especially Standard One that addresses mental health promotion
- a focus upon inter-agency collaboration and partnership, such as the *Health Act 1999* and the Welfare to Work strategy, which all emphasise the need to build bridges between diverse community organisations so that opportunities for valued social roles are maximised
- efforts to achieve community development and democratic renewal aiming to create active communities that have the capacity to welcome people with mental health problems
- the recovery movement, empowerment and psychosocial approaches to mental health, which all lay emphasis on the person's taking up their chosen life in the community.

What can be done to improve things?

Quick-fix solutions to the problem of social exclusion, such as re-badging existing activities or adding an 'inclusion project' to the spectrum of provision, will have limited impact. In contrast, *Working for Inclusion* invites us to re-examine all mental health work from the perspective of social inclusion. A number of key steps need to be taken, including:

- doing what it takes to support user empowerment and staff creativity
- giving deliberate attention to the question of whether people who use local mental health services are supported to engage in community life (while many services pay lip-service to the principle of inclusion, a glance at the organisation's budget sheet and business plans will reveal whether inclusive outcomes are given priority)
- building a learning network of people who champion the inclusion agenda, seeking out training, gathering knowledge and skills, commissioning research and progressively sharpening up practice
- building the requirement for inclusive practice into job descriptions, performance monitoring, clinical governance and the organisational development programme
- initiating joint work with employment, education, housing, voluntary sector and leisure providers so that people can make a seamless transition from using mental health services to engaging in these other roles in the community.

Hazards

Although 'social exclusion' is a relatively new idea and remains a contested term, it has become pervasive, and there is a danger that progress will be hampered by conflicts remaining cloaked under a common language. Second, services have a long history of working with the individual, and so 'promoting inclusion' could become a new language for fixing the person rather than fixing the community. Third, the goal of inclusion is set in the broader context of user empowerment. There is a danger that paternalistic agencies will merely transfer their controlling relationships from the institutional setting to the community and so avoid the painful task of listening to the people whom they claim to support. Finally, inclusion could become a synonym for abandonment, rather than a new style and location for providing the support that people need.

Capacity building with communities

A key component of an inclusive approach to mental health is to work with specific communities to assist them in providing positive opportunities to people with mental health difficulties. These communities include employers and work colleagues, college tutors and co-students, neighbours – everyone, in fact. In the section called 'Inclusion in the whole of life' *Working for Inclusion* offers a vivid example of mental health equalities training for the police. Service users were full participants in the process of identifying the audience, negotiating the training requirement, designing and delivering the training, and evaluation. Similarly, the section on access to education is packed with hints about how to arrange effective support for college staff. Other services described in *Working for Inclusion* show how this capacity-building work has been achieved with employers.

faith communities and the voluntary sector.

Shaping opportunities so that they meet real need

A journey towards more inclusive opportunities requires more individualised support arrangements. This shift has been aptly illustrated in *Working for Inclusion* through a detailed overview of the housing and support sector. While group homes appeared to be an appropriate development 25 years ago, policy and practice have combined with user demand over recent years to press for more individual tenancies and floating support.

Similarly, a comprehensive summary of the available literature on employment and mental health shows clearly that individual placement and support in the community is the most effective model. People want real jobs with ordinary employers. A number of contributors address the challenge of developing inter-agency partnerships that will deliver real changes to service formats – persuading other organisations to change their practices so that people with mental health difficulties (and everyone else too) get a better deal.

Inclusive mental health services

Working for Inclusion offers some clues to the ways in which current mental health services need to develop if they are to offer more inclusive opportunities to users.

Primary care organisations can map community-based agencies that support a range of social roles, as well as those that provide mental health care. There is potential for gateway staff in primary care to provide information and support so that people can connect with employment, education, leisure, neighbourhood associations, voluntary work and so on, as well as just mental health care providers.

Early intervention services and other provision can be based in generic community facilities, minimising the 'friction damage' in which entry to mental health services breaks off numerous social network connections and roles.

Psychiatric acute wards have the delicate task of both providing a shelter from the burden of responsibilities and relationships and, at the same time, holding on to fragile connections with family, employer and friends. Ward staff have a crucial role to play in supporting these fragile connections.

Long-term day services can be remodelled to operate without a building – to support people to engage in mainstream community activities alongside other citizens.
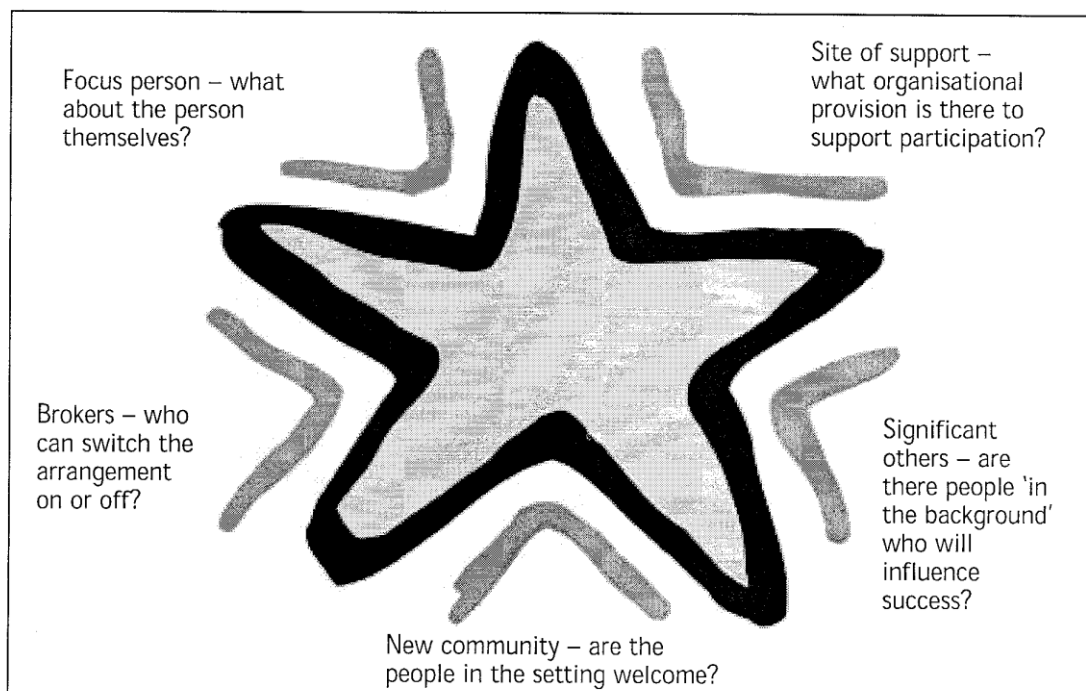
The resource book does not specifically address the inclusion agenda as it applies to people in secure environments, those using addiction services, children and young people, psychogeriatric provision or those with a mental health problem in addition to a learning disability. However, many of the themes addressed in the book have resonance in these areas and a number of the principles and ideas can be adapted.

Evaluation
Every evaluation is a political act that is defined by the assumptions of the researcher, influenced by the power relationship with the researched, and shaped by the interests of the audience. As social inclusion is added to the basket of other performance measures, it is important that these factors are taken into account. User-led research offers a promising perspective for the exploration of social inclusion, and helpfully balances the demands from Europe for a report from the UK Government on actions to combat social exclusion. *Working for Inclusion* provides a framework for thinking about

Focus person – what about the person themselves?

Site of support – what organisational provision is there to support participation?

Brokers – who can switch the arrangement on or off?

Significant others – are there people 'in the background' who will influence success?

New community – are the people in the setting welcome?

the success of an inclusive effort as well as some specific indicators of the formation of social networks.

Person-centred planning

This specific approach to organising support for an individual has a 20-year history and is recommended by government in the 2001 White Paper on learning disability services, but is little known in mental health. *Working for Inclusion* offers a summary of this radical approach and shows how it reframes assessment and support in the context of social inclusion. Person-centred planning is concerned with the whole person, including their ambitions for a better life. Mental health services are recognised as able to offer only a small part of the support that we all need. In order to progress, a new way of working is needed that harnesses the energies of the person, their family and acquaintances, and that positions mental health workers as 'on tap, not on top'.

Resources

Despite the popularity of the term 'social inclusion', comparatively little work has been done on the details of how to operationalise the concept. *Working for Inclusion* provides some practical suggestions about

job descriptions and performance indicators.

Job description

...to undertake specific searches for opportunities in the community that will target minority and under-represented groups...

...to identify, challenge and work with fear and prejudice about mental illness... to encourage agencies to develop new arrangements...

...to support the person to participate as a full and equal member of the community setting...

Performance

...frequent publicity events in both mental health and community venues...

...host organisations (employers, colleges, leisure environments, etc) have made positive changes to the way they operate as a result of involving mental health service users...

...most users get a unique package of support to maintain their life in the community...

...data gathering tracks jobs, friends, a decent home, and the achievement of personal life targets.

...staff are supported through balanced lifestyles, mentoring and encouragement to solve problems using imagination and creativity...

Where is SCMH taking the inclusion agenda from here?

SCMH will continue, with the DoH, to sponsor the Citizenship and Community Programme as a key aspect of its work to promote social inclusion. We will work to ensure that its further outcomes are disseminated to local mental health systems through the collaborative networks and development centres, to support their work on linking mental health service systems to mainstream opportunities. The programme will contribute to SCMH's work to promote best practice in relation to inclusion objectives, represented by other SCMH initiatives and programmes, most significantly our new user empowerment programme which will be launched early in 2002.

The report

Copies of *Working for Inclusion* are available from Sainsbury Centre for Mental Health, Tel. 020 7827 8354